Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Accidental Death & SERFF Tr Num: STAR-128467480 State: Arkansas

Dismemberment

TOI: H03I Individual Health - Accidental Death SERFF Status: Closed-Approved- State Tr Num:

& Dismemberment Closed

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: State Status: Approved-Closed

Dismemberment

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Belle Lucas, Natka Disposition Date: 06/21/2012

Varisco, Ruston Woolley, Ronetta

Andrus

Date Submitted: 06/18/2012 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 06/21/2012
State Status Changed: 06/21/2012

Deemer Date: Created By: Ronetta Andrus

Submitted By: Belle Lucas Corresponding Filing Tracking Number:

Filing Description: Dear Sir/Madam:

We are pleased to file the above referenced website application in Arkansas. This filing is a new filing and is being filed without an illustration. This product provides coverage for losses due to accident death and dismemberment for individual coverage and family coverage.

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number:

The original paper application filing was approved on 4/19/10, STAR-126580753 and we are now requesting approval of the website application for the previously approved accidental death and dismemberment product.

Please contact me if you have any questions at 225-400-9282 or by email bellel@starmountlife.com.

Sincerely,

Belle Lucas

Belle Lucas

Compliance Specialist

State Narrative:

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist bellel@starmountlife.com
P.O. Box 98100 225-926-2888 [Phone]

Baton Rouge, LA 70898

Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana

7800 Office Park Boulevard Group Code: Company Type:
Baton Rouge, LA 70809 Group Name: State ID Number:

(225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$50 per form= 2 forms =\$100

Per Company: No

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number:

COMPANY AMOUNT DATE PROCESSED TRANSACTION #
Starmount Life Insurance Company \$100.00 06/18/2012 60220962

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/21/2012	06/21/2012

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number: /

Disposition

Disposition Date: 06/21/2012

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number:

Schedule	Schedule Item	Schedule Item Statu	s Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Accidental Death & Dismemberment	Approved-Closed	Yes
Form	Accidental Death & Dismemberment	Approved-Closed	Yes

Filing Company: Starmount Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
Approved-	02-005	Application/Accidental Death &	Initial			AR -
Closed	AD&D APF	PEnrollment Dismemberment				AD&D.pdf
06/21/2012	? (Rev. 01-	Form				
	10) WEB					
Approved-	02-005	Application/Accidental Death &	Initial			AR - AD&D
Closed	AD&D APF	PEnrollment Dismemberment				FM.pdf
06/21/2012	? (Rev. 01-	Form				
	10) WEB					
	FM					



Dependable, risk-free protection

Accidental Death and Dismemberment Insurance

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To a

	h and Dismemberment Application
PLEASE COMPLETE THE FOLLOWING:	
Main Insured:*	
Address.*	
City:* Zip:*	
Zip:" Home Phone:*	
Work or Cell:	
E-mail Address:*	
Are you employed?*	OVec
ac you employed:	○ Yes ○ No
Occupation (if self employed, explain):	O 140
Sex:*	○ Male
	○ Female
Date of Birth:*	
Choose one:*	\$50,000 for \$5.50 per month
	\$100,000 for \$11.00 per month
	\$150,000 for \$16.50 per month
	\$250,000 for \$27.50 per month
Beneficiary: (if none listed, benefits will go to your estate)	
Relationship:	
If Beneficiary is a minor, please include their date	
of birth)	
PLEASE ANSWER ALL QUESTIONS:	
Have you, or anyone to be insured, ever been convicted of a felony?*	○ Yes
•	○ No
If you have had a life threatening accident in the last 2 years, are you still affected by it?*	0 165
•	○ No
Do you have or are you applying for another	○ N/A
accidental death or accidental death and	O Yes
dismemberment product with Starmount?*	○ No
Will this replace any accident or sickness insurance you or your spouse currently own?*	Yes
	○ No
COMPLETE ALL BILLING INFORMATION:	
I will Pay:*	O Every 12 Months
	Cevery 6 Months
Dillion Marked &	Every 3 Months
Billing Method:*	I authorize Starmount Life to deduct future premium payments from my personal checking
	account.
	Charge payments to my Credit Card.
Bank Route #:	
Bank Account #:	
Bank Name:	
Bank Location:	
Credit Card Type:	○Visa
044 04 #	○ MasterCard
Credit Card #:	
Credit Card Exp. Date:	
	ney are complete and accurate. I understand no person can
be protected by more than one of these or a like poli protection will become effective when my approved p	cy from Starmount Life, and that my accidental death olicy is received by me and my payment is received by
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* Required information

Dependable, risk-free protection

Accidental Death and Dismemberment Insurance

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To apply, complete the information below and click submit or download an application

PLEASE COMPLETE THE FOLLOWING: Main Insured:*	
Address:*	
City:*	
lip.*	
Home Phone:* Vork or Cell:	
E-mail Address:*	
Are you employed?*	○Yes
	O No
Occupation (if self employed, explain):	
Sex:*	○Male
National District	○ Female
Date of Birth:* Choose one:*	0.050.000.6.05.50
moose one.	\$50,000 for \$5.50 per month \$100,000 for \$11.00 per month
	\$150,000 for \$16.50 per month
	\$250,000 for \$27.50 per month
Beneficiary: if none listed, benefits will go to your estate)	
Relationship:	
If Beneficiary is a minor, please include their date of birth)	
,	
PLEASE ANSWER ALL QUESTIONS: Have you, or anyone to be insured, ever been	○ Yes
onvicted of a felony?*	○ No
you have had a life threatening accident in the last	
years, are you still affected by it?*	○ No
	○ N/A
Oo you have or are you applying for another accidental death or accidental death and	○Yes
lismemberment product with Starmount?*	○ No
Vill this replace any accident or sickness	○Yes
nsurance you or your spouse currently own?*	○ No
COMPLETE ALL BILLING INFORMATION:	
will Pay:*	C Every 12 Months
	Cevery 6 Months
NIII 84 - 14 - 4 *	Every 3 Months
Billing Method:*	I authorize Starmount Life to deduct future premium payments from my personal checking
	account.
	Charge payments to my Credit Card.
Bank Route #:	
Bank Account #:	
Bank Name:	
Bank Location:	
Credit Card Type:	○Visa
<i>,</i>	○ MasterCard
Credit Card #:	
Credit Card Exp. Date:	
	M.
COMPLETE IF APPLYING FOR THE FAMILYPLA	<u>V.</u>
lame of Spouse to whom you are married (in Connecticut, or have entered into a civil union):	V.
lame of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured)	N.
lame of Spouse to whom you are married (in Connecticut, or have entered into a civil union):	○ Male
Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured) Spouse's Sex:	
Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured) Spouse's Sex: Spouse's Date of Birth:	○ Male ○ Female
Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured) Spouse's Sex:	○ Male ○ Female ○ Yes
Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured) Spouse's Sex: Spouse's Date of Birth:	○ Male ○ Female
Name of Spouse to whom you are married (in Connecticut, or have entered into a civil union): if to be insured) Spouse's Sex: Spouse's Date of Birth: s spouse employed? Spouse's Occupation (if self employed, explain):	○ Male ○ Female ○ Yes
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* Required information

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Company Tracking Number:

TOI: H031 Individual Health - Accidental Death & Sub-TOI: H031.000 Health - Accidental Death &

Dismemberment Dismemberment

Product Name: Accidental Death & Dismemberment

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification Approved-Closed 06/21/2012

Bypass Reason: N/A- website application only.

Comments:

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 06/21/2012

Bypass Reason: N/A- filing is for approval of website application

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification Approved-Closed 06/21/2012

Bypass Reason: N/A- application filing only

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage Approved-Closed 06/21/2012

Bypass Reason: N/A- website application only.

Comments: